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ABSTRACT

In an effort to highlight the importance of identifying children who have been lead poisoned, the Illinois Department of Public Health produces its surveillance report to alert the community to the geographical risk of lead poisoning and to report on screening results. The hope is that increased public awareness will result in less harm to children in the areas of developmental delays, learning difficulties, and behavioral problems associated with lead poisoning. This document is comprised of the 1997 and 1998 reports. The 1997 issue reports on: (1) highlights of the statistical analysis; (2) at what age children should be screened; (3) effects of lead poisoning; (4) Illinois lead programs; and (5) county summary report of screening results. The 1998 issue reports on: (1) highlights of the statistical analysis; (2) age of housing and income levels; (3) rental housing dilemma; (4) county summary report of screening results; (5) low cost ways to reduce lead hazards at home; and (6) housekeeping tips to reduce lead hazards at home. Both issues conclude with a resource list for further information. (SD)

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Get the Lead Out: Illinois Childhood Lead Poisoning Surveillance Report, 1997-1998.

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GET THE LEAD OUT

Illinois Childhood Lead Poisoning Surveillance Report 1997

Illinois Department of Public Health

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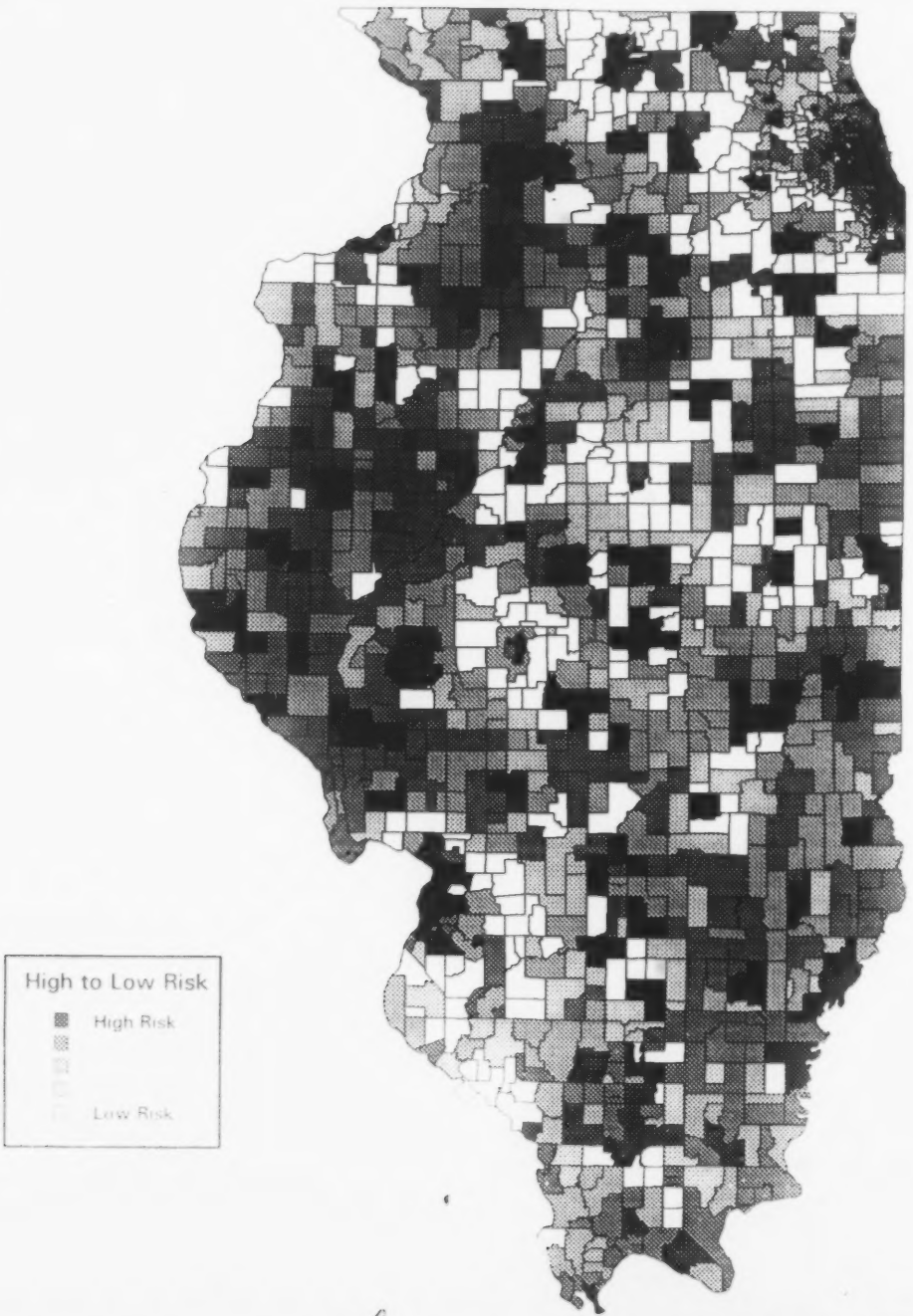
Childhood Lead Poisoning and Prevention Program
ZIP Code Ranking for Risk of Pediatric Lead Poisoning
1995 - Illinois



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GETTING THE WORD OUT ON LEAD

August 1998

More than 8 percent of Illinois children are lead poisoned. These children who usually have no obvious symptoms, may live in the center of a city, in a suburban area or in the country. It is important to identify these children since high lead levels may lead to developmental delays, learning difficulties and behavioral problems. The earlier lead poisoning is detected, the less harm a child will suffer.

The Illinois Department of Public Health (IDPH) recommends assessing all children at 1 and 2 years of age. If neither of these assessments provides any indication of lead poisoning, additional assessments are needed only when children move or have some other change in their environment that would put them at risk of lead poisoning. If a child has a lead-poisoned sibling or lives in a home known to contain lead paint, a blood lead test at 6 months of age is appropriate. More detailed recommendations are provided in the *Guidelines for the Detection and Management of Lead Poisoning for Physicians and Health Care Providers* available from IDPH.

There are two ways a child may be assessed for lead poisoning. Illinois ZIP codes are divided into two groups: those where children are at high risk and those where children are at low risk for lead poisoning. Children living in high-risk ZIP codes are assessed for lead poisoning using a blood lead test. A small amount of blood is taken from a child's finger or vein. The amount of lead in the blood is then determined by a laboratory. If the level is 10 mcg/dL or higher the child is lead poisoned. In low-risk ZIP codes, doctors ask parents a few questions about the possibility of their children being exposed to lead. If indeed the child may have been exposed, the doctor will draw some blood for analysis; otherwise, no further testing is needed.

At a minimum, the Illinois Lead Poisoning Prevention Act states that all children 6 through 84 months of age must be assessed for lead poisoning at least once before they start attending a licensed day-care center, pre-school or kindergarten. These institutions will need to receive proof that this type of testing has been done. An assessment questionnaire, signed by a doctor, is sufficient if the child lives in a low-risk ZIP code and has no identified risk factors. Proof of a blood lead test is needed if the child lives in a high-risk ZIP code, or if there is a possibility that the child has been exposed to lead.

For additional information about lead poisoning and its prevention, or to receive a copy of the *Guidelines for the Detection and Management of Lead Poisoning for Physicians and Health Care Providers*, call IDPH's Childhood Lead Poisoning Prevention Program at 217-785-9464. For information regarding lead abatement, call IDPH's Lead Abatement Program at 217-782-3517. Information also may be obtained by dialing TTY (hearing impaired use only) 800-547-0466.

John R. Lumpkin, M.D., M.P.H.
Director of Public Health

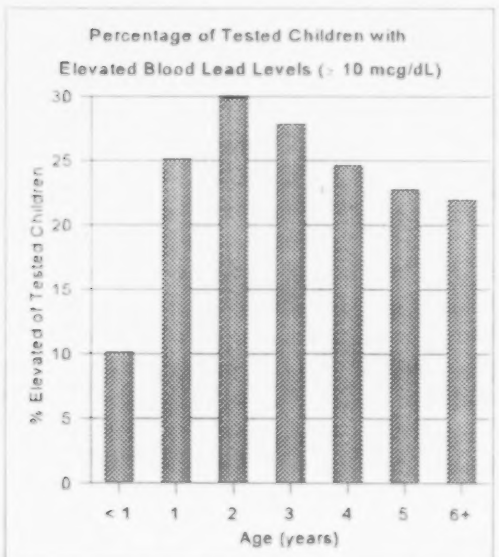
CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

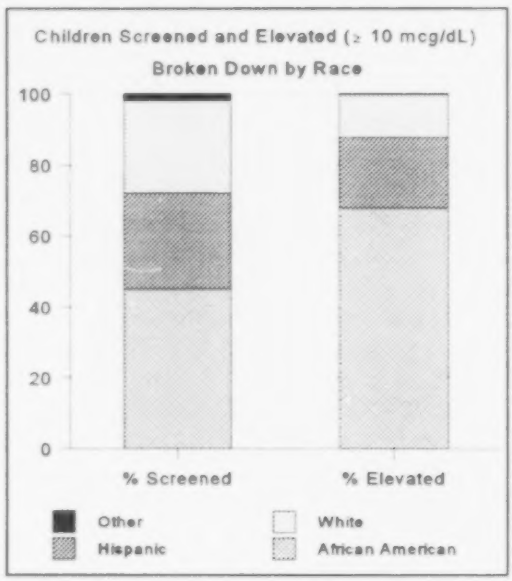
Highlights

Some Interesting Numbers

Detailed breakdowns of the numbers of children screened and the numbers with elevated results are given in the following pages. Here are some other interesting highlights:

- An estimated 285,003 blood lead tests were performed on 245,093 Illinois children in 1997.
- 45,809 children (18.7 percent) had at least one elevated blood lead test result (≥ 10 mcg/dL) in 1997.
- 18,597 children (7.6 percent) had at least one blood lead test result ≥ 15 mcg/dL in 1997.
- 145 children were identified with severe lead poisoning (≥ 45 mcg/dL).





At what age should children be screened?

Illinois law requires that children between 6 and 84 months of age who live in high-risk areas be screened before attending licensed day care, school or kindergarten. Early detection is important because damage from lead poisoning can be prevented when an affected child is identified at a young age.

Children are most likely to become lead poisoned as they begin to crawl and walk. Illinois Department of Public Health therefore recommends that children be assessed for lead poisoning at 1 and 2 years of age. By identifying poisoned children early, parents can prevent ongoing exposure to lead hazards.

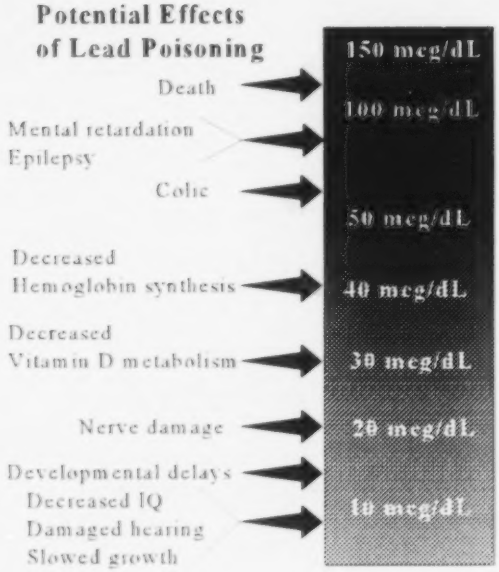
CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Highlights

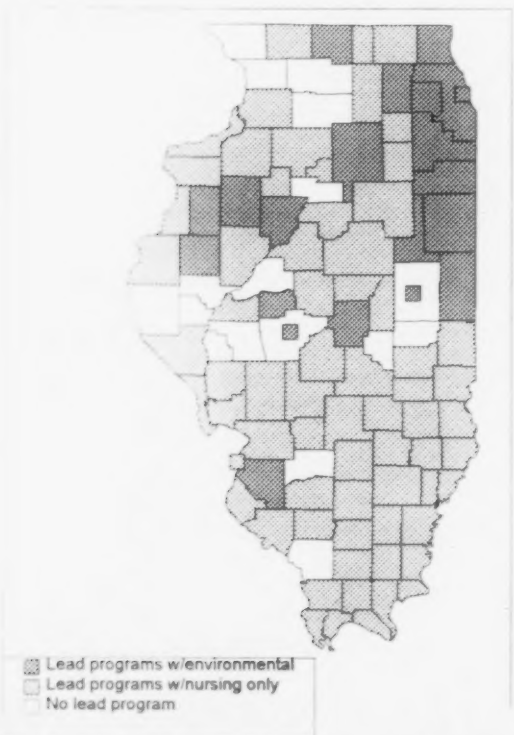
Effects of Lead Poisoning

Even at very low blood lead levels, children may suffer harm. The U.S. Centers for Disease Control and Prevention define blood lead levels of less than 10 mcg/dL as acceptable. Recent research has indicated that even at blood lead levels of 10 mcg/dL, children may suffer from hyperactivity, problems paying attention and slowed reaction times.

At higher levels of lead poisoning, the harm suffered becomes much more obvious. Children may be mentally retarded, become prone to seizures and develop life-long weakness and clumsiness. In the very worst cases, a child may die from lead poisoning.



Counties with a Childhood Lead Poisoning Prevention Program



Illinois Lead Programs

Eighty-five of Illinois' 102 counties and eight cities have childhood lead poisoning prevention programs run by the local county or city health departments. Bureau, Christian, Madison, Warren and Woodford counties were covered for the first time by local health department staff in 1997.

All local health department lead programs provide nursing follow-up for children with lead poisoning. This follow-up may include provision of information about lead poisoning, methods of preventing exposure to lead and home visits.

In addition, twenty-three counties and cities provide services to identify the sources of lead poisoning. In areas where these services are not provided by the local health department, children are served by IDPH's Division of Environmental Health.

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CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

Summary of 1996 Activity*		
*Total children screened	235,290	
Number with results ≥10 mcg/dL	47,389	
Number with results ≥15 mcg/dL	19,675	
Numbers ≥ 15 mcg/dL by geographic region		
Chicago	13,560	(69%)
Downstate	6,115	(31%)

Summary of 1997 Activity		
*Total children screened	245,093	
Number with results ≥ 10 mcg/dL	45,809	
Number with results ≥ 15 mcg/dL	18,597	
Numbers ≥ 15 mcg/dL by geographic region		
Chicago	12,847	(69%)
Downstate	5,750	(31%)

County	1990 Population of Children 6 and Under[1]	1996*						1997					
		Total Tested	10 -14	15-19	20-24	25-44	45+	Total Tested	10 -14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
Adams	6,664	729	118	61	19	10	0	788	135	37	12	17	3
Alexander	1,166	365	56	17	8	9	1	279	41	18	2	5	0
Bond	1,431	291	32	14	2	3	0	219	19	8	3	2	0
Boone	3,344	159	13	5	0	4	2	266	9	7	2	3	0
Brown	465	66	10	2	2	1	0	47	4	4	2	3	0
Bureau	3,516	230	13	3	1	0	1	273	18	7	1	2	0
Calhoun	544	119	13	5	0	4	2	106	8	0	0	1	0
Carroll	1,522	131	20	12	0	2	0	128	19	1	3	2	0
Cass	1,246	153	11	3	3	2	0	177	19	3	2	0	1
Champaign	16,730	1,298	65	15	5	5	0	1,084	38	22	2	4	0
Christian	3,428	400	30	6	0	1	0	494	28	11	4	0	1
Clark	1,491	37	2	3	1	0	0	53	5	2	1	2	0
Clay	1,316	122	9	2	0	2	0	146	10	0	1	3	0
Clinton	3,394	28	3	2	1	0	0	42	2	1	1	0	0
Coles	4,154	185	17	7	2	2	0	134	11	3	1	4	2
Cook w/o Chicago	239,334	25,507	1,730	548	200	231	42	27,292	1,869	565	217	226	46
Chicago	296,408	111,517	17,278	7,566	2,848	2,845	301	111,217	17,095	7,185	2,728	2,588	346
Crawford	1,832	136	11	2	0	0	0	221	11	1	1	0	0
Cumberland	1,152	36	3	2	0	2	0	58	6	2	1	0	0

CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

County	1990 Population of Children 6 and Under	1996*						1997					
		Total Tested	10 -14	15-19	20-24	25-44	45+	Total Tested	10 -14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
DeKalb	6,953	539	60	7	4	6	0	382	38	11	0	2	1
DeWitt	1,545	174	34	7	6	7	1	208	46	10	2	5	0
Douglas	2,038	119	8	0	0	2	1	98	9	1	1	1	0
DuPage	89,010	3,304	143	48	16	11	3	2,714	112	28	10	9	1
Edgar	1,717	188	18	3	1	5	0	258	22	2	4	2	0
Edwards	674	68	11	1	1	0	0	53	6	1	0	0	0
Effingham	3,876	141	4	0	2	1	0	68	4	2	0	0	1
Fayette	1,937	546	42	14	7	3	0	379	40	9	3	4	0
Ford	1,376	97	9	3	0	0	0	167	14	1	2	1	0
Franklin	3,440	329	13	2	2	2	0	406	11	8	4	2	0
Fulton	3,284	396	43	16	3	1	0	453	55	21	5	3	0
Gallatin	569	148	5	3	2	0	0	112	4	0	0	0	0
Greene	1,568	215	29	13	5	5	0	199	44	14	3	1	0
Grundy	3,369	121	5	3	1	0	0	309	14	5	3	2	0
Hamilton	750	97	4	1	1	0	0	110	19	2	0	1	0
Hancock	1,970	349	74	24	9	7	0	335	57	13	5	3	0
Hardin	425	36	4	0	0	0	0	54	3	2	0	0	0
Henderson	738	123	9	1	0	0	0	85	12	3	1	1	0
Henry	4,937	535	98	24	12	8	0	531	78	27	7	4	0
Iroquois	2,945	448	41	6	0	1	1	331	21	3	4	2	0
Jackson	4,697	1,122	104	18	5	10	0	770	96	16	7	3	0
Jasper	1,178	70	2	4	1	0	0	82	2	0	1	1	0
Jefferson	3,841	591	52	23	7	3	0	508	28	7	1	3	0
Jersey	2,116	240	11	1	1	0	0	181	1	0	0	0	0
Jo Daviess	2,158	77	3	1	1	0	0	74	9	11	1	0	0
Johnson	818	74	3	1	0	1	0	54	0	0	0	0	0
Kane	39,441	6,115	710	253	97	104	6	4,739	642	231	112	72	3

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CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

County	1990 Population of Children 6 and Under¹	1996*						1997					
		Total Tested	10 -14	15-19	20-24	25-44	45+	Total Tested	10 -14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
Kankakee	10,635	2,598	423	144	53	36	3	3,015	530	142	60	39	2
Kendall	4,448	99	6	2	1	2	0	126	4	4	0	0	0
Knox	4,931	741	93	43	7	12	2	1,068	91	16	15	12	3
Lake	61,257	6,031	450	143	47	47	3	7,100	280	87	30	36	4
La Salle	10,376	620	64	27	7	8	0	748	69	24	18	6	1
Lawrence	1,435	377	38	5	1	0	0	354	23	6	1	0	0
Lee	3,404	75	27	7	2	2	0	91	25	8	3	3	1
Livingston	3,922	634	68	25	6	2	1	843	73	23	7	3	0
Logan	2,842	190	31	6	3	2	0	195	25	9	1	1	1
McDonough	2,463	357	30	13	2	1	0	297	32	11	2	4	0
McHenry	22,241	1,600	74	23	6	8	2	1,299	67	18	11	14	1
McLean	12,280	2,061	144	43	14	7	1	1,991	122	37	19	13	1
Macon	11,304	1,921	396	161	73	60	4	2,535	366	148	52	45	4
Macoupin	4,475	518	49	14	5	7	0	458	53	9	6	2	0
Madison	25,426	1,329	117	40	17	7	2	1,576	126	38	16	12	2
Marion	4,168	341	21	13	2	0	1	493	26	9	1	2	2
Marshall	1,127	51	5	2	0	2	0	85	7	2	2	4	0
Mason	1,481	251	24	3	2	2	1	199	23	8	2	0	0
Massac	1,302	94	9	0	0	0	0	156	2	3	0	3	0
Menard	1,092	80	7	1	0	0	0	75	4	2	2	0	0
Mercer	1,647	290	30	9	3	12	2	275	27	11	2	4	0
Monroe	2,379	70	9	0	0	2	0	64	7	3	2	0	0
Montgomery	2,982	512	76	23	3	5	0	591	46	16	6	1	2
Morgan	3,290	386	32	9	2	4	0	214	30	9	3	2	0
Moultrie	1,301	23	0	3	0	0	0	139	6	1	0	1	0
Ogle	4,801	144	24	3	3	2	2	192	24	3	4	5	0
Peoria	18,252	2,169	542	220	100	97	4	2,579	494	190	62	74	1

CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

County	1990 Population of Children 6 and Under	1996*						1997					
		Total Tested	10 -14	15-19	20-24	25-44	45+	Total Tested	10 -14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
Perry	2,112	129	16	3	3	0	0	118	12	1	0	2	0
Piatt	1,432	108	12	1	0	1	0	108	10	0	0	0	0
Pike	1,611	393	37	9	8	3	0	387	42	14	5	2	0
Pope	299	20	2	0	0	0	0	31	3	0	0	0	0
Pulaski	795	143	12	13	4	3	0	108	10	13	1	0	0
Putnam	596	27	3	0	0	0	0	43	5	3	1	0	0
Randolph	3,109	362	32	4	2	0	0	289	21	5	3	2	0
Richland	1,629	124	15	1	0	0	1	105	2	4	1	0	0
Rock Island	14,688	2,801	470	147	74	55	0	2,717	453	125	49	40	6
St. Clair	29,386	6,899	1,174	390	143	93	14	6,187	1,074	384	123	79	4
Saline	2,356	625	59	13	4	2	1	576	46	11	1	1	0
Sangamon	18,225	1,925	237	100	36	40	5	1,997	199	72	42	28	2
Schuyler	685	10	4	0	0	0	0	24	0	0	0	0	0
Scott	571	14	0	0	0	1	0	25	3	0	0	1	0
Shelby	2,137	142	12	6	2	3	0	236	18	4	1	2	0
Stark	598	70	15	4	3	3	0	77	14	4	1	1	0
Stephenson	4,988	671	159	64	39	38	5	683	146	66	37	26	1
Tazewell	12,321	889	72	12	5	3	0	1,213	45	5	2	7	0
Union	1,472	224	22	8	2	2	0	198	13	6	3	2	0
Vermilion	8,689	1,143	86	29	17	8	1	1,013	103	42	9	19	1
Wabash	1,282	250	29	14	3	4	1	215	32	7	2	0	0
Warren	1,856	178	16	11	1	0	2	281	21	5	3	2	1
Washington	1,408	43	3	1	0	0	0	42	3	1	0	0	0
Wayne	1,589	388	23	4	2	1	0	350	14	7	4	0	0
White	1,581	283	27	6	4	7	0	269	15	5	3	0	0
Whiteside	6,011	821	78	29	6	7	1	758	63	13	5	8	0
Will	42,170	2,729	291	89	24	15	6	2,622	205	64	23	25	1

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CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

County	1990 Population of Children 6 and Under†	1996*						1997					
		Total Tested	10 -14	15-19	20-24	25-44	45+	Total Tested	10 -14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
Williamson	5,327	255	15	3	1	0	0	324	6	3	1	1	0
Winnebago	27,077	2,652	432	163	56	43	3	2,995	401	129	63	51	2
Woodford	3,350	109	6	1	0	1	0	153	11	4	2	1	0
Unknown	—	29,530	593	196	74	67	16	37,507	906	317	239	0	12
TOTAL	1,201,118	235,290	27,714	11,055	4,148	4,027	445	245,093	27,212	10,456	4,111	3,570	460

* The figures for 1996 differ slightly from those published in 1997 because of the correction of and addition to the data available at that time.

† The 1990 population of children aged 6 and younger is based on 1990 census data.

The information contained in this report is gathered by the Illinois Department of Public Health's Childhood Lead Poisoning Prevention Program. Elevated blood lead levels (≥ 10 mcg/dL) are reported by laboratories, physicians, hospitals, and other health care providers. Non-elevated results (< 10 mcg/dL) are reported by laboratories. Results on all children 15 years old or younger are included in this report. Almost all tests (94 percent) are performed on children 6 years old or younger.

The *total number of children screened* in the activity summary boxes and *total tested* column for 1996 and 1997 are the actual numbers reported to the Department. These numbers include children tested for the first time as well as those being retested.

The results of all blood lead tests must be reported to the Illinois Department of Public Health's Childhood Lead Poisoning Prevention Program by the directors of laboratories performing the analyses. Blood lead levels greater than or equal to 10 mcg/dL also must be reported by physicians, hospital administrators, local health department administrators and directors of laboratories that do not perform blood lead analyses. In either case, results must be reported to the Department's Childhood Lead Poisoning Reporting System at 217-785-9464.

The Childhood Lead Poisoning Surveillance Report provides information by county on the number of children screened and identified with lead poisoning. The U.S. Centers for Disease Control and Prevention recommends that children with lead levels at or exceeding 15 mcg/dL be provided follow-up services. The follow-up services include medical management and case management. The Illinois Department of Public Health or delegate agencies (local health departments) provide these services to children residing in Illinois. Environmental investigations and management may be provided for children with lead levels at or exceeding 25 mcg/dL, for those with blood lead levels that persistently lie between 15 and 24 mcg/dL, or at the request of the child's physician.

TELEPHONE INFORMATION

Illinois Department of Public Health Childhood Lead Poisoning Prevention Program	217-785-9464
Illinois Department of Human Services Information And Referral Hotline	800-323-GROW voice and TTY (hearing impaired use)
Illinois Department of Public Health Childhood Lead Poisoning Clearinghouse	217-782-0403 TTY (hearing impaired use only) 800-547-0466
Illinois Department of Public Health Division of Environmental Health	217-782-3517
National Lead Information Center Hotline	800-LEAD-FYI
National Lead Information Center Clearinghouse	800-424-LEAD
Alliance to End Childhood Lead Poisoning	202-543-1147
Safe Drinking Water Hotline (U.S. EPA)	800-426-4791
Toxic Substances Control Act Assistance Information Service	202-554-1404

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CHILDHOOD LEAD POISONING PREVENTION PROGRAM
535 W. JEFFERSON ST.
SPRINGFIELD, IL 62761

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CHILDHOOD LEAD POISONING PREVENTION PROGRAM
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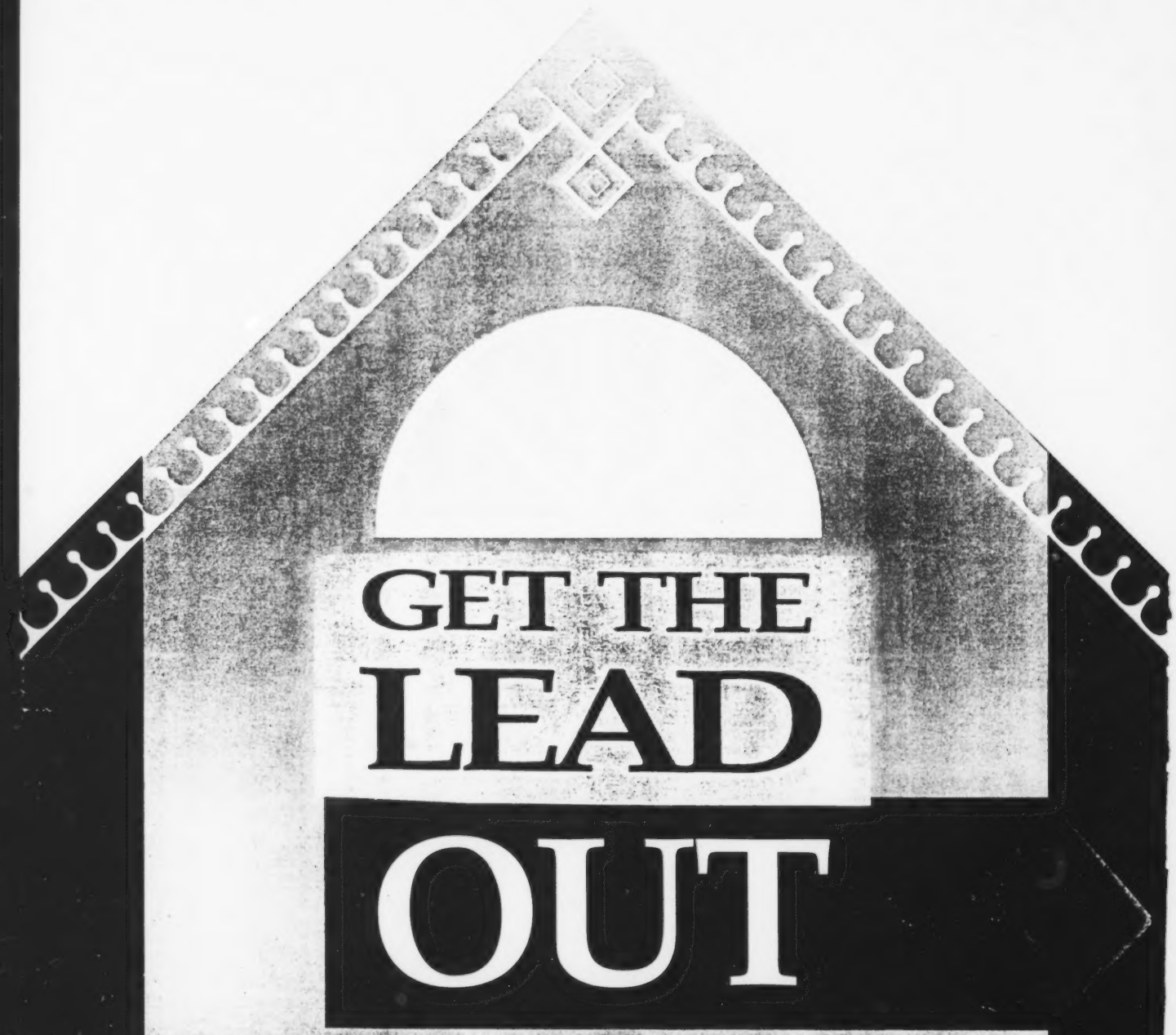

Illinois Childhood Lead Poisoning Surveillance Report 1997

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Illinois Department of Public Health

GETTING THE WORD OUT ON LEAD

August 1999

Children in low-income families are at higher risk for lead poisoning than other children. They are more likely to live in older housing with lead-based paint and are less likely to receive proper nutrition, making them more susceptible to the effects of lead poisoning. In fact, a January 1999 report by the U. S. General Accounting Office (GAO) shows that children served by federal programs such as Medicaid suffer from elevated blood lead levels at a rate nearly five times that of other children.

Federal policies require that children who receive federally supported health care be screened for lead poisoning. However, statistics clearly show that this policy is not being put into practice. A U. S. Centers for Disease Control and Prevention (CDC) study conducted from 1991-1994 revealed that fewer than 20 percent of children served by federal health care programs had been tested for lead poisoning. Given that more than 77 percent of the children with elevated blood lead levels are eligible for federal health care assistance, this rate of testing is appalling.

The lack of screening can be attributed to several factors: physicians who believe that lead poisoning is not prevalent, parents who fail to obtain routine health care for their children, insufficient monitoring of screening compliance at the state and local levels, and lack of medical follow-up once high blood lead levels have been determined. No matter what the cause, it is essential to improve the testing rate for lead poisoning among low-income children.

In Illinois, the State Department of Public Health's Childhood Lead Poisoning Prevention Program has set goals to improve the blood lead testing rate among children eligible for Medicaid. Joint collaborations with the Department of Public Aid promise to identify non-complying managed care organizations, and to educate physicians. Each effort will help to ensure that more low-income children are tested and treated for lead poisoning.

For more information about lead poisoning, its sources and prevention, or about Illinois legislation, call the Childhood Lead Poisoning Prevention Program at 217-785-9464. For information regarding licensed lead inspectors and lead abatement contractors or for pamphlets covering lead abatement, call the Department's Lead Abatement Program at 217-782-3517. Information may also be obtained by dialing TTY (hearing impaired only) 800-547-0466.

John R. Lumpkin, M. D., M.P.H.
Director of Public Health

CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Highlights

Some Interesting Numbers

Detailed breakdowns of the numbers of children screened and those with elevated results are given in the following pages.

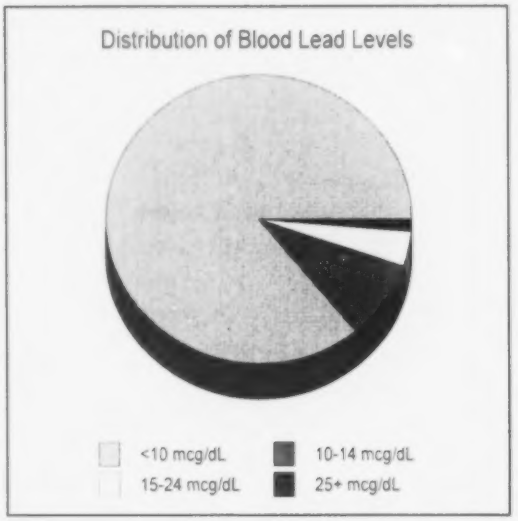
Here are some other interesting highlights of blood lead testing in 1998:

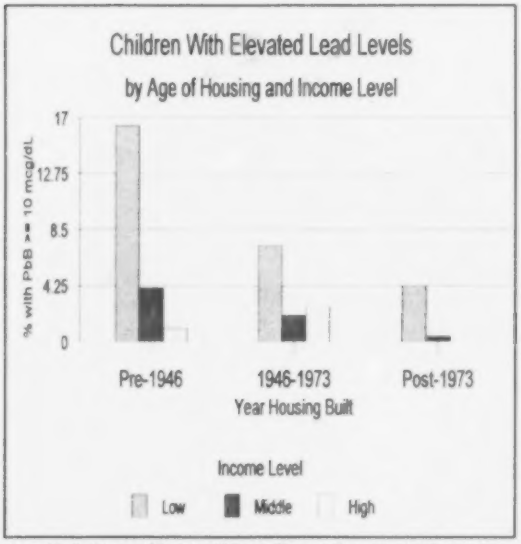
* An estimated 263,632 blood lead tests were performed on 234,417 Illinois children.

* 32,611 children (14 percent) had at least one blood lead test result ≥10 mcg/dL.

* 11,962 children (5 percent) had at least one blood lead test result ≥ 15 mcg/dL.

* 324 children were identified with severe lead poisoning (≥45 mcg/dL).





from Morbidity and Mortality Weekly Report, Feb. 21, 1997, p. 143

Age of Housing and Income Levels

Strong relationships exist among income level, age of housing and blood lead levels. In the United States, more than 16 percent of young children in low-income families who live in housing built before 1946 have blood lead levels ≥10 mcg/dL. By contrast, very few children in high-income families living in post-1973 housing have elevated blood lead levels.

Of course, lead poisoning is not restricted to low-income children. Renovation of old housing, popular among those with middle and upper incomes, is a common cause of lead poisoning. Hobbies such as stained glass, target shooting and casting fishing weights are also hazards.

CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

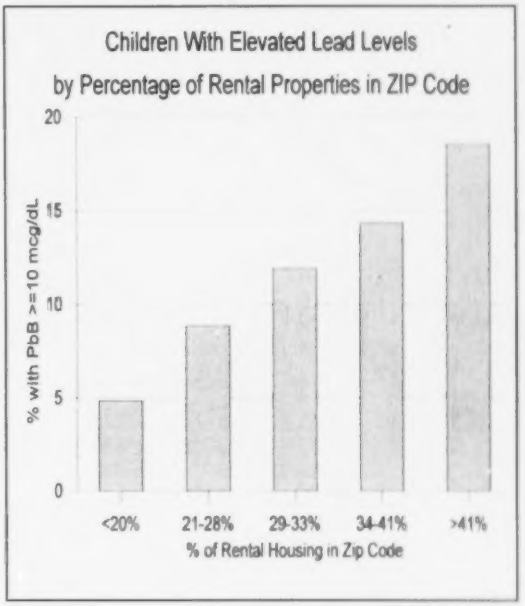
Highlights

Rental Housing Dilemma

Rental property poses a special problem for resolving lead poisoning hazards. In ZIP codes with less than 20 percent rental housing, fewer than 5 percent of the children tested have blood lead levels greater than 10 mcg/dL.

Where rental housing makes up more than 40 percent of the housing stock, over 18 percent of children tested have elevated blood lead levels.

Landlords generally resist abating lead hazards due to the high costs. Renters typically do not have the means to fund abatement activities and lack the incentive to improve a property that is not their own.



LOW-COST WAYS to REDUCE LEAD HAZARDS at HOME

* Teach kids to wash their hands and face after playing outside - especially before they eat.

* Wash toys often. Dispose of toys painted with lead paint.

* Feed children foods high in iron and calcium, such as lean meat, eggs, greens, tomatoes, potatoes and fruits.

* Limit intake of foods high in fat content.

* Don't store food in open cans or pottery.

* Run the cold water tap for a few minutes before using it for cooking or drinking.

* Don't use water from the hot water tap for cooking, drinking or preparing formula.

HOUSEKEEPING TIPS to REDUCE LEAD HAZARDS at HOME

* Use an all-purpose cleaning product to clean up loose paint chips around windows, doors, or woodwork. Dispose of cleaning cloths.

* Place duct tape over loose paint or plaster for temporary covering. Cover painted surfaces that are hard to clean with contact paper.

* Wet dust and wet mop often to remove lead dust. Use a clean cloth or a mop dampened with an all-purpose cleaner. Wash rags separately from other laundry.

* Throw out old newspapers, bread bags and comic books. These are sometimes printed with lead ink.

* Don't use imported pottery or dishware for cooking or food storage unless it is known to be lead-safe.

CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

Summary of 1997 Activity	
*Total children screened	245,093
Number with results ≥10 mcg/dL	45,809
Number with results ≥15 mcg/dL	18,597
Numbers ≥ 15 mcg/dL by geographic region	
Chicago	12,847 (69%)
Downstate	5,750 (31%)

Summary of 1998 Activity	
*Total children screened	234,417
Number with results ≥ 10 mcg/dL	32,611
Number with results ≥ 15 mcg/dL	11,962
Numbers ≥ 15 mcg/dL by geographic region	
Chicago	8,771 (73%)
Downstate	3,191 (27%)

County	1990 Population of Children 6 and Under[1]	1997						1998					
		Total Tested	10 -14	15-19	20-24	25-44	45+	Total Tested	10 -14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
Adams	6,664	788	135	37	12	17	3	722	82	20	14	11	1
Alexander	1,166	279	41	18	2	5	0	278	39	4	3	1	0
Bond	1,431	219	19	8	3	2	0	239	6	6	0	1	0
Boone	3,344	266	9	7	2	3	0	357	23	4	5	7	1
Brown	465	47	4	4	2	3	0	27	5	1	1	0	0
Bureau	3,516	273	18	7	1	2	0	432	13	4	3	0	0
Calhoun	544	106	8	0	0	1	0	52	4	1	0	0	0
Carroll	1,522	128	19	1	3	2	0	155	14	6	2	2	0
Cass	1,246	177	19	3	2	0	1	161	8	4	1	0	0
Champaign	16,730	1,084	38	22	2	4	0	962	28	7	4	4	0
Christian	3,428	494	28	11	4	0	1	461	25	2	3	1	0
Clark	1,491	53	5	2	1	2	0	52	1	0	0	0	0
Clay	1,316	146	10	0	1	3	0	182	7	4	0	1	0
Clinton	3,394	42	2	1	1	0	0	41	5	1	0	1	0
Coles	4,154	134	11	3	1	4	2	125	9	5	3	3	0
Cook w/o Chicago	239,334	27,292	1,869	565	217	226	46	20,018	1,014	298	89	116	17
Chicago	296,408	111,217	17,095	7,185	2,728	2,588	346	111,410	14,173	4,749	2,034	1,734	254
Crawford	1,832	221	11	1	1	0	0	101	3	2	0	1	0
Cumberland	1,152	58	6	2	1	0	0	53	1	0	0	0	0

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CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

County	1990 Population of Children 6 and Under	1997						1998					
		Total Tested	10 -14	15-19	20-24	25-44	45+	Total Tested	10 -14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
DeKalb	6,953	382	38	11	0	2	1	371	28	8	4	4	0
DeWitt	1,545	208	46	10	2	5	0	233	38	8	4	3	1
Douglas	2,038	98	9	1	1	1	0	94	5	1	1	0	0
DuPage	89,010	2,714	112	28	10	9	1	2,429	75	18	9	8	0
Edgar	1,717	258	22	2	4	2	0	207	10	2	3	1	2
Edwards	674	53	6	1	0	0	0	64	6	4	0	0	0
Effingham	3,876	68	4	2	0	0	1	87	5	1	2	0	0
Fayette	1,937	379	40	9	3	4	0	351	21	5	3	0	0
Ford	1,376	167	14	1	2	1	0	163	6	2	0	1	0
Franklin	3,440	406	11	8	4	2	0	362	13	6	0	2	0
Fulton	3,284	453	55	21	5	3	0	353	31	5	3	3	0
Gallatin	569	112	4	0	0	0	0	93	4	0	0	0	0
Greene	1,568	199	44	14	3	1	0	196	37	12	0	2	0
Grundy	3,369	309	14	5	3	2	0	217	14	1	0	2	0
Hamilton	750	110	19	2	0	1	0	83	8	2	0	0	0
Hancock	1,970	335	57	13	5	3	0	334	53	10	0	2	0
Hardin	425	54	3	2	0	0	0	32	0	0	0	0	0
Henderson	738	85	12	3	1	1	0	104	9	1	2	1	0
Henry	4,937	531	78	27	7	4	0	413	60	23	7	5	0
Iroquois	2,945	331	21	3	4	2	0	364	21	3	0	6	0
Jackson	4,697	770	96	16	7	3	0	621	31	10	2	0	0
Jasper	1,178	82	2	0	1	1	0	44	2	1	0	0	0
Jefferson	3,841	508	28	7	1	3	0	337	9	6	3	0	0
Jersey	2,116	181	1	0	0	0	0	170	3	0	0	1	0
Jo Daviess	2,158	74	9	11	1	0	0	124	16	3	1	0	0
Johnson	818	54	0	0	0	0	0	50	0	0	0	0	0

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CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

County	1990 Population of Children 6 and Under	1997						1998					
		Total Tested	10 -14	15-19	20-24	25-44	45+	Total Tested	10 -14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
Kane	39,441	4,739	642	231	112	72	3	5,421	508	155	56	46	8
Kankakee	10,635	3,015	530	142	60	39	2	2,893	320	79	23	29	1
Kendall	4,448	126	4	4	0	0	0	228	9	1	0	0	0
Knox	4,931	1,068	91	16	15	12	3	830	52	11	7	4	0
Lake	61,257	7,100	280	87	30	36	4	5,940	168	48	21	18	1
La Salle	10,376	748	69	24	18	6	1	1,068	52	14	9	3	1
Lawrence	1,435	354	23	6	1	0	0	328	18	1	2	0	0
Lee	3,404	91	25	8	3	3	1	134	11	6	0	2	0
Livingston	3,922	843	73	23	7	3	0	899	47	12	3	2	0
Logan	2,842	195	25	9	1	1	1	268	18	1	3	2	1
McDonough	2,463	297	32	11	2	4	0	261	34	9	1	0	0
McHenry	22,241	1,299	67	18	11	14	1	946	50	8	9	3	1
McLean	12,280	1,991	122	37	19	13	1	1,993	72	26	9	11	5
Macon	11,304	2,535	366	148	52	45	4	2,598	323	110	42	25	2
Macoupin	4,475	458	53	9	6	2	0	431	25	5	1	1	0
Madison	25,426	1,576	126	38	16	12	2	1,370	100	30	13	6	1
Marion	4,168	493	26	9	1	2	2	427	12	5	2	1	3
Marshall	1,127	85	7	2	2	4	0	83	10	3	0	3	0
Mason	1,481	199	23	8	2	0	0	209	9	2	0	0	0
Massac	1,302	156	2	3	0	3	0	78	2	1	1	1	0
Menard	1,092	75	4	2	2	0	0	59	6	0	0	0	0
Mercer	1,647	275	27	11	2	4	0	235	12	3	6	3	0
Monroe	2,379	64	7	3	2	0	0	74	4	0	1	0	0
Montgomery	2,982	591	46	16	6	1	2	526	25	5	5	4	2
Morgan	3,290	214	30	9	3	2	0	273	28	9	7	2	0
Moultrie	1,301	139	6	1	0	1	0	107	2	0	0	0	0

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CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

County	1990 Population of Children 6 and Under	1997						1998					
		Total Tested	10 -14	15-19	20-24	25-44	45+	Total Tested	10 -14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
Ogle	4,801	192	24	3	4	5	0	228	13	4	4	1	1
Peoria	18,252	2,579	494	190	62	74	1	2,374	308	99	39	38	0
Perry	2,112	118	12	1	0	2	0	103	13	4	3	0	0
Piatt	1,432	108	10	0	0	0	0	137	8	5	0	1	0
Pike	1,611	387	42	14	5	2	0	350	22	7	3	0	0
Pope	299	31	3	0	0	0	0	35	2	0	0	0	0
Pulaski	795	108	10	13	1	0	0	125	16	9	3	1	0
Putnam	596	43	5	3	1	0	0	70	3	0	0	0	0
Randolph	3,109	289	21	5	3	2	0	314	22	1	3	0	0
Richland	1,629	105	2	4	1	0	0	96	5	2	1	0	0
Rock Island	14,688	2,717	453	125	49	40	6	2,699	287	75	26	23	2
St. Clair	29,386	6,187	1,074	384	123	79	4	5,409	604	140	34	30	2
Saline	2,356	576	46	11	1	1	0	504	32	3	1	0	0
Sangamon	18,225	1,997	199	72	42	28	2	1,989	163	79	18	18	1
Schuyler	685	24	0	0	0	0	0	27	2	1	0	0	0
Scott	571	25	3	0	0	1	0	30	0	0	0	0	0
Shelby	2,137	236	18	4	1	2	0	174	11	3	1	0	0
Stark	598	77	14	4	1	1	0	72	11	1	1	1	0
Stephenson	4,988	683	146	66	37	26	1	602	123	51	22	20	2
Tazewell	12,321	1,213	45	5	2	7	0	1,199	19	5	4	5	0
Union	1,472	198	13	6	3	2	0	151	11	3	0	0	0
Vermilion	8,689	1,013	103	42	9	19	1	1,154	88	29	12	13	3
Wabash	1,282	215	32	7	2	0	0	167	18	6	0	1	0
Warren	1,856	281	21	5	3	2	1	245	10	6	2	3	0
Washington	1,408	42	3	4	0	0	0	40	1	0	0	0	0
Wayne	1,589	350	14	7	4	0	0	438	9	3	1	1	0

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CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

County	1990 Population of Children 6 and Under†	1997						1998					
		Total Tested	10 -14	15-19	20-24	25-44	45+	Total Tested	10 -14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
White	1,581	269	15	5	3	0	0	223	21	2	0	1	0
Whiteside	6,011	758	63	13	5	8	0	731	44	16	3	7	0
Will	42,170	2,622	205	64	23	25	1	2,513	165	32	12	20	4
Williamson	5,327	324	6	3	1	1	0	269	6	1	0	0	0
Winnebago	27,077	2,995	401	129	63	51	2	3,394	290	81	34	32	5
Woodford	3,350	153	11	4	2	1	0	163	8	1	0	3	0
Unknown	—	37,507	906	317	239	0	12	36,989	432	134	39	39	2
TOTAL	1,201,118	245,093	27,212	10,456	4,111	3,570	460	234,417	20,649	6,597	2,693	2,348	324

† The 1990 population of children aged 6 and younger is based on 1990 census data.

The information contained in this report is gathered by the Illinois Department of Public Health's Childhood Lead Poisoning Prevention Program. Elevated blood lead levels (≥ 10 mcg/dL) are reported by laboratories, physicians, hospitals, and other health care providers. Non-elevated results (< 10 mcg/dL) are reported by laboratories. Results on all children 15 years old or younger are included in this report. Almost all tests (94 percent) are performed on children 6 years old or younger.

The *total number of children screened* in the activity summary boxes and *total tested* column for 1997 and 1998 are the actual numbers reported to the Department. These numbers include children tested for the first time as well as those being retested. Where a child has multiple tests, the highest venous result is selected; if there is no venous test, the highest capillary is selected.

The results of all blood lead tests must be reported to the Illinois Department of Public Health's Childhood Lead Poisoning Prevention Program by the directors of laboratories performing the analyses. Blood lead levels greater than or equal to 10 mcg/dL also must be reported by physicians, hospital administrators, local health department administrators and directors of laboratories that do not perform blood lead analyses. In either case, results must be reported to the Department's Childhood Lead Poisoning Reporting System at 217-785-9464.

The Childhood Lead Poisoning Surveillance Report provides information by county on the number of children screened and identified with lead poisoning. The U.S. Centers for Disease Control and Prevention recommends that children with lead levels at or exceeding 15 mcg/dL be provided follow-up services. The follow-up services include medical management and case management. The Illinois Department of Public Health or delegate agencies (local health departments) provide these services to children residing in Illinois. Environmental investigations and management may be provided for children with lead levels at or exceeding 25 mcg/dL, for those with blood lead levels that persistently lie between 15 and 24 mcg/dL, or at the request of the child's physician.

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TELEPHONE INFORMATION

Illinois Department of Public Health Childhood Lead Poisoning Prevention Program	217-785-9464
Illinois Department of Human Services Information And Referral Hotline	800-323-4769 voice and TTY (hearing impaired use)
Illinois Department of Public Health Childhood Lead Poisoning Clearinghouse	217-782-0403 TTY (hearing impaired use only) 800-547-0466
Illinois Department of Public Health Division of Environmental Health	217-782-3517
National Lead Information Center Hotline	800-LEAD-FYI
National Lead Information Center Clearinghouse	800-424-LEAD
Alliance to End Childhood Lead Poisoning	202-543-1147
Safe Drinking Water Hotline (U.S. EPA)	800-426-4791
Toxic Substances Control Act Assistance Information Service	202-554-1404

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
CHILDHOOD LEAD POISONING PREVENTION
PROGRAM
535 W. JEFFERSON ST.
SPRINGFIELD, IL 62761

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